

Submit to:

Department of Natural Resources
301 Centennial Mall South
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Lincoln, Nebraska 68509-4676
Phone (402) 471-2363

July 2002
DNR Form 667

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES

WATER WELL REGISTRATION MODIFICATION

FOR DEPARTMENT USE ONLY

Date Filed: _____ Sequence No. _____ Registration No. _____

Owner Code No. _____NRD

1. Well Owner (Required) _____ Work Telephone Number () _____
Home Telephone Number () _____
Address _____
City _____ State _____ Zip Code _____ + _____

2. Contractor (if applicable) _____ Telephone Number () _____
Address _____ Pump Installer License No. _____
City _____ State _____ Zip Code _____ + _____

3. Water Well Registration No. _____

4. List Legal as it appears in the Department records:
Location of Well (Information in Items 4A and either footage (Item 4B) or GPS Coordinates (Items 4C and 4D))
A. Well location: _____ 1/4 _____ 1/4 of Section _____, Township _____ North, Range _____ E W , _____ County.
B. The well is _____ feet from the N S section line and _____ feet from the E W section line.
C. Latitude Degree: _____ Minute: _____ Second: _____
D. Longitude Degree: _____ Minute: _____ Second: _____
E. Street address and subdivision, if applicable _____
F. Block _____ Lot _____

Identify What Needs to be Corrected: (List the correct information in the appropriate categories #5 thru #14)

5. List Correct Legal, Footage and/or GPS Coordinates:
Location of Well
A. Well location: _____ 1/4 _____ 1/4 of Section _____, Township _____ North, Range _____ E W , _____ County.
B. The well is _____ feet from the N S section line and _____ feet from the E W section line.
C. Latitude Degree: _____ Minute: _____ Second: _____
D. Longitude Degree: _____ Minute: _____ Second: _____
E. Street address and subdivision, if applicable _____
F. Block _____ Lot _____

6. Number of acres irrigated: _____
A. Location of water use (give legal description) _____

7. Change of use (select from this category): Dewatering (over 90 days), Domestic, Ground Heat Exchanger, Ground Water Source Heat Pump
Industrial, Injection, Irrigation, Livestock, Monitoring, Observation, Public Water Supply (with spacing (46-638),
Public Water Supply (without spacing), Recovery, Other (if well use falls in this category – be more specific in items 7A & 7C).
A. Well was used for : _____ C. New well use is: _____
B. New gallons per minute: _____ D. Date of Change: _____

8. Wells in a Series.
A. Is this well a part of a series? _____ Yes go to part b of this section
B. If one or more of the wells in the series is currently registered, give the well registration number (s): _____

9. Replacement and abandoned well information.

- A. Is this well a replacement well? ____Yes ____No
- B. Registration number of abandoned well _____ If not registered, date abandoned well was constructed (m)____/(d____/(y)____
- C. Replacement well is _____ feet from abandoned well.
- D. Abandoned well last operated (m)____/(d)____/(y)____
- E. Original well pump column size _____ inches.
- F. Completion of original well abandonment on (m)____/(d____/(y)____
- G. Location of water use of abandoned well _____

10. Well Construction Information.

- A. Total well depth _____ feet.
- B. Static water level _____ feet.
- C. Pumping water level _____ feet
- D. Well Construction began (month)____/(day)____/(year____
- E. Well Construction completed (month)____/(day)____/(year____
- F. Bore hole diameter in inches Top_____ Bottom _____
- G. Casing and Screen Joints are Welded _____ Glued _____ Threaded _____ Other _____

11. Well Construction (Casing & Screen)- c, d, e, & f, measurements should be in inches to three decimal places

A		b	c	d	e	f	g	h
Placement Depth in Feet		Casing or Screen	Inside Diameter	Outside Diameter	Wall Thickness	Screen Slot Size	Type of Material	Trade Name
From	To							

12. Grout and Gravel Pack

Placement Depth in Feet		Grout or Gravel Pack	Material Description
From	To		

13. Geologic Materials Logged

Depth in Feet		Description	Depth in Feet		Description
From	To		From	To	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Additional sheets may be submitted)

14. REQUIRED: State Reason for Change: _____

15. I am familiar with the information submitted on this registration, and to the best of my knowledge it is true.

Contractor's Signature

Date

Water Well Owner's Signature

Date